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ABSTRACT

Events in the history of Associate Degree Nursing (ADN) are summarized and the future of nursing education is projected in this paper. The establishment of the ADN program at St. Mary's Junior College in 1964 is considered first, with respect to its roots in the diploma program of St. Mary's School of Nursing and the ideas on nursing education of Mildred Montag. After emphasizing the negative reactions initially engendered by the program, the paper cites the initiation of ADN programs in Minnesota's community colleges. Next, the paper reviews the response of the Minnesota baccalaureate degree nursing faculty, noting attempts in the 1970s to restrict the Registered Nurse (RN) titles to baccalaureate graduates, and argues for a commonly accepted differentiation of the roles and competencies of baccalaureate and ADN graduates. The future of nursing education is considered in the latter part of the paper with consideration given to the effects of the accelerating rate of change as described by Alvin Toffler and R. B. Fuller. The paper emphasizes the "humanity saving" implications of new discoveries, linking them to de Chardin's concept of the "no-osphere" and Fuller's ideas of "p-e-cessional effects." Some influences of these discoveries on children and thus on the educational system are also noted. The paper concludes by citing an apparent trend away from institutionalized medical care and suggests some consequences of that trend for nursing, especially in home health care. (KL)

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# A.D.N. EDUCATION: A HISTORICAL PERSPECTIVE

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(Minneapolis, MN, November 20, 1981).

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PRESENTED AT ADN ACHIEVEMENT/CHALLENGE - NOVEMBER 20, 1981

Sister Anne Joachim Moore

Ladies and Gentlemen: Happy 30th birthday to all of us ADN workers. I am enormously pleased to be a part of the celebration. I had to laugh when Char Tracy said to me that the Program Committee for this grand affair was asking me to give an historical perspective. What more cogent criterion than one who has lived forever?

I remember well when the word first spread in the 1950's about the pilot A.D. programs under Mildred Montag's leadership. Great consternation and alarm! All tempered some by the absolute confidence that idea would not work out. I've learned that one indication of a really good new idea is the reaction of widespread alarm. If the idea really doesn't respond to a need and actually has no chance of succeeding, no one gets upset - everyone just dismisses it. Thus, from the very beginning the ADN program held great promise. I found it to be a stimulating and exciting move. For establishment of SMJC the Montag idea of ADN was a great moving force. I was head of a diploma program and had serious nagging concerns about the educational quality control of any diploma program. In 1960, stimulated by the rationale and underlying principles espoused by Montag, the SMSN faculty and I in one full swoop, for our then diploma program, reduced clinical experience to 15 hours/week, eliminated summer sessions and began charging students full tuition. The single reason was to bring the educational program completely under faculty control. In retrospect it is clear to me that we made these moves within a diploma program in direct response to the clearly more sound educational principles espoused by Montag. All hell broke loose

in Minnesota and the upper midwest. Directors of Nursing Service and Schools of Nursing were openly hostile to me. I knew the move was a good one and the enormity of the response was, actually, stimulating and gave me many opportunities to publicly espouse the idea. That experience, in turn, served to clarify my own thinking. There are few things so powerful in forcing me to be clear and straight with my thoughts as repeated public broadsides challenging my position. It was an energizing and stimulating couple of years. We subsequently announced plans to set up a junior college focusing on health careers. The fires of reaction were re-kindled with hospital administrators and doctors joining the fray. Montag had stimulated me and, it turns out, had really shaken the establishment. Her idea, it should be noted, was directly in line with the recommendations of major national nursing studies during the 20's, 30's and 40's. But she did something about it.

Thus it was that in 1964, when the community college movement was well underway, that we inaugurated SMJC, specializing in Nursing and allied health education at the associate degree level. It was that same year, I believe, that the Hibbing ADN program began. Then, in fairly rapid succession the Minnesota Community Colleges initiated ADN programs replacing most of the State's diploma programs. I recall that there was one lone ADN working part-time in Minnesota before we graduated any here. She was from New York, and unwittingly, perhaps even unknown to her, she was the only live experience any one in these parts had with the new creature, the ADN. Judgment,

both good and bad, of her performance was generalized in many minds to constitute judgment of the entire category of ADN's. Fortunately, it was finally acknowledged that an "N" of one is an unrepresentative and inadequate sample. Her presence in Minnesota did lead to some entertaining, even funny, exchanges in the heat of argument. After 1966 we had our own home-grown ADN's to complain about and to defend, and that led to more fruitful discussions.

One enormously interesting factor was the relative quiet of the Minnesota Baccalaureate degree nurse faculty until the late 60's. They seemed to be not particularly threatened. Their tolerance of the ADN programs was a shade reluctant, but they were not fighting mad. I think we are now experiencing their delayed reaction. The ADN faculties had been straight forward and clear in their declarations of the role of the ADN, the level of responsibility for which they were prepared and their willingness for the ADN to work under the direction of the BSN. There were at that time two major operating problems: 1) almost no BSN on the hospitals' nursing staffs and 2) a failure to clearly differentiate the competence of the BSN from the ADN in such a way as to convince employers. There was some esoteric discussion among BSN faculties which seemed to satisfy themselves that the BSN was <u>better than</u> the ADN, but never how they were <u>different from</u> the ADN. It yielded increasing confusion, resentment and hostility among nurses and employers. The present wave of movement in nursing and

nursing education is troublesome because so many absolutely legitimate factors are operating, in addition to the fuzzy and unclear ones.

My perceptions were admittedly colored by what seems to me the somewhat heavy handed impending claim in the 1970's to exclusive use of the R.N. appellation by the baccalaureate camp. The vast majority of nurses historically and at present have been prepared at a level other than the baccalaureate degree. So the move smacked a bit of being unfair. I understand now that the discussion has moved beyond the question merely of titles, and I am encouraged by that development. The baccalaureate faculties had not responded to the call for a clear, commonly accepted, differentiation of the role and competence of the BSN to distinguish her staff performance from that of the ADN. The ADN group from the beginning has been straightforward about the abilities and competence for which the AD preparation makes claim, even as demands for changing and upgrading that level have forced ever more content into the AD curriculum. From the beginning, also, the ADN group has quite respectfully pressed for the baccalaureate group to equally clearly differentiate its claim. I believe there could be such distinction made and, further, that it would be honored and accepted if it were intelligible to employers and related to the work situation.

I was asked to make some predictions for nursing. I find it hard to predict given the present economic crunch and the obvious shifting in modes of health care delivery.

I believe that there are evolutionary changes occurring in all of society, and at an unprecedented rate of acceleration, which are more profoundly unsettling than most of us comprehend. My own thinking is presently affected principally by the ideas in Toffler's Third Wave, and more deeply by R.B. Fuller's Critical Path. Fuller, in particular, has provided conceptual anchors around which I can organize thought. It is enormously helpful to have a comprehensive even cosmic framework into which to insert the cacophony of what are otherwise mind-boggling events all going on all around the globe at the same time. Energy, financial disaster, computerization of all aspects of life, fall-out or side-effects from space exploration that, surprisingly, have humanity-saving implications.

Some years ago Teilhard de Chardin identified development of the no-osphere, an evolutionary emergence of a globe-encircling metaphysical layer of mind, which when completed held promise of utterly transforming human relationships raising them to an entirely new and mutually-enhancing level. Teilhard's ideas are enhanced by Fuller's "pre-cessional" effect, i.e., the right-angle side effects of things done by humans - so far all for the wrong reason - and, most interestingly, evolutionarily benefiting all of humanity.

He says that humanity is now ready to do things for the right reason, e.g. for the purpose of advantaging all humans. Most notable among the pre-cessional effects he identifies is accelerating ephemeralization - doing ever more with ever less output of energy per unit of weight and effort in ever less periods of time. For exarple, the remarkable developments in transportation and controlled environments of the space program are carried out for military and humanity-destroying purposes. Paradoxically the results have ended up to benefit humanity if we don't commit species-suicide before we can realize the now-possible new level of living for all humanity.

We do in fact have abundant resources and we have already developed the technology to benefit all of humanity at an unprecedented high level. He says further that every child born in literate society since the first Appollo mission comes into society at a conceptual level at least twice that of any of us living before 1970.

I believe that this qualitative difference in the stimulation and mind development of children who grow up with television part of their daily fare; and the computer with its games as a regular part of their lives may indeed produce in them an apperceptive mass and integrated knowledge base absolutely different from ours. So that they will come, some are coming, to post-secondary education in a number of ways developed beyond our understanding and with a frame of reference utterly uncomprehended by us. Go to a computer

display room and observe the youngsters doing things with computers that leave even the sales representative startled and in awe of their "play". The computer as "artificial intelligence" is neither foreign nor repugnant to the upcoming generation. Rather, they integrate and grow with what they perceive as their given environment.

Elementary school as an obligatory baby sitting service for pupils many of whom are unwilling, fiercely unwilling, is hard to justify as legitimate treatment of children or expenditure of money in the concluding years of the 20th century. With the U.S. internally bankrupt as evidenced by the government's need to borrow money just to pay interest on the trillion dollar national debt; and externally, as evidenced by the balance of trade, along with the major corporations having removed their money outside the country. we must acknowledge and provide for the child's (and the adult's) education as a natural quest for answers to their questions, which most often are not our questions and are not satisfied by our answers.

The time now is short. Ladies and Gentlemen, we are now in a new world. The old one is already in tatters around us. I love the intense excitement of the newly emerging one, with all its promise.

With that as backdrop, I hesitate to do much particular predicting. I do not hesitate, however, to say that our old thinking and our old models, and so far as I see it, our present models and

proposals are out of date and out of sync. Our educational system is inappropriate - it lags behind humanity's technological and cultural development by hundreds of years, or more. Perhaps one useful and timely thing for nursing to do is to engage in the kind of analysis of knowledge necessary to computerize it. The very process of preparing material for delivery by computer can force us to begin to move nursing and health care into what is really the present, and might prepare us to begin for the immediate future. We cannot hold onto ideas and solutions and ways of thought from the agricultural and industrial ages. We are now past the era of that kind of thinking. ADN, BSN, masters' and doctors' degrees may by their very nature be terminology from the past. It no longer is question of re-arranging the same old pieces.

One extremely interesting and probably relevant new development - no ready explanation for it holds up under examination - is the move the past nine months, of people away from institutionalized medical care - hospital census is down and stays down. Census figures did not rebound after the customary summer decline; outpatient visits are down; and to add to the mystery, physicians' practices are falling off markedly. Makes one think that the system may not be meeting people's needs, perhpas that people may be perceiving their needs to be different from what the institutional system perceives them to be. Could it be that the institutionalized response, because it is unsatisfactory, is not being asked for any

more? Nursing ought to be cheered and stimulated by one other development, e.g., the sharp increase in the delivery of home health care. It appears this is not old public health nursing as we've known for all these years, 100 or more. It does appear, however, to be a new development on an expanded scale, the exact shape of which is not yet clear. The explosion of private and for-profit agencies delivering home health care may be a bit difficult to deal with and to control for quality. It is precisely such urgent concerns which ought to break us out of our hide-bound thinking and, with any luck, catapult nursing into understanding the dilemma which has troubled the field so long. I predict that out of this experience we may end up with a sense of direction for nursing and nursing education.

The immediate future seems to me to be characterized by two things, 1) what it holds is more elusive than ever before and secondly it holds more exciting and positive promise, tempered by the one possible awful option: extinction. I opt for No. 1.

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